

County: Dodge  
CHRISTIAN HOME & REHABILITATION CENTER  
331 BLY STREET

Facility ID: 2180

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WAUPUN 53963 Phone: (920) 324-9051  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 80  
Total Licensed Bed Capacity (12/31/02): 81  
Number of Residents on 12/31/02: 66

Ownership: Nonprofit Church/Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? Yes  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 68

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		42.4
Supp. Home Care-Personal Care	No					More Than 4 Years		34.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.5			22.7
Day Services	No	Mental Illness (Org./Psy)	21.2	65 - 74	6.1			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	34.8			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	1.5	95 & Over	7.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.5		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	28.8	65 & Over	98.5	-----		
Transportation	No	Cerebrovascular	9.1		-----	RNs		4.8
Referral Service	No	Diabetes	13.6	Sex	%	LPNs		11.2
Other Services	No	Respiratory	0.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.7	Male	19.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	80.3	45.6		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		127	1	2.6	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.5
Skilled Care	12	100.0	295		109	37	94.9	109	0	0.0	0	15	100.0	143	0	0.0	0	0	0.0	0	64	97.0
Intermediate	---	---	---		91	1	2.6	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.5
Limited Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0				39	100.0		0	0.0		15	100.0		0	0.0		0	0.0		66	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				
		-----				
		% Needing				Total
Percent Admissions from:		Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	16.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	77.3	22.7	66
Other Nursing Homes	4.0	Dressing	15.2	60.6	24.2	66
Acute Care Hospitals	78.2	Transferring	28.8	53.0	18.2	66
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	25.8	45.5	28.8	66
Rehabilitation Hospitals	0.0	Eating	28.8	60.6	10.6	66
Other Locations	0.8	*****				
Total Number of Admissions	124	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	10.6		Receiving Respiratory Care	0.0
Private Home/No Home Health	52.2	Occ/Freq. Incontinent of Bladder	40.9		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	31.8		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	3.0
Acute Care Hospitals	12.7	Mobility			Receiving Tube Feeding	1.5
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	6.1		Receiving Mechanically Altered Diets	28.8
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	35.1	With Pressure Sores	4.5		Have Advance Directives	0.0
Total Number of Discharges		With Rashes	0.0		Medications	
(Including Deaths)	134				Receiving Psychoactive Drugs	81.8

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.4	92.2	0.89	88.5	0.93	86.7	0.95	85.1	0.97
Current Residents from In-County	59.1	76.0	0.78	72.5	0.82	69.3	0.85	76.6	0.77
Admissions from In-County, Still Residing	15.3	25.2	0.61	19.5	0.79	22.5	0.68	20.3	0.75
Admissions/Average Daily Census	182.4	95.0	1.92	125.4	1.45	102.9	1.77	133.4	1.37
Discharges/Average Daily Census	197.1	97.5	2.02	127.2	1.55	105.2	1.87	135.3	1.46
Discharges To Private Residence/Average Daily Census	102.9	38.4	2.68	50.7	2.03	40.9	2.52	56.6	1.82
Residents Receiving Skilled Care	98.5	94.3	1.04	92.9	1.06	91.6	1.07	86.3	1.14
Residents Aged 65 and Older	98.5	97.3	1.01	94.8	1.04	93.6	1.05	87.7	1.12
Title 19 (Medicaid) Funded Residents	59.1	63.8	0.93	66.8	0.88	69.0	0.86	67.5	0.88
Private Pay Funded Residents	22.7	28.5	0.80	22.7	1.00	21.2	1.07	21.0	1.08
Developmentally Disabled Residents	0.0	0.3	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	21.2	37.9	0.56	36.5	0.58	37.8	0.56	33.3	0.64
General Medical Service Residents	16.7	23.0	0.72	21.6	0.77	22.3	0.75	20.5	0.81
Impaired ADL (Mean)	50.9	49.9	1.02	48.0	1.06	47.5	1.07	49.3	1.03
Psychological Problems	81.8	52.6	1.55	59.4	1.38	56.9	1.44	54.0	1.52
Nursing Care Required (Mean)	4.7	6.3	0.75	6.3	0.76	6.8	0.70	7.2	0.66